

**REPORT OF INJURY / COMPLAINT OF INJURY**

State Form 47400 (12-95)

INDIANA PROFESSIONAL LICENSING AGENCY  
302 WEST WASHINGTON STREET, ROOM E034  
INDIANAPOLIS, IN 46204-2700  
(317) 232-2980

**IC 16-1-47 SEC. 18 (A) THE OPERATOR OF A TANNING FACILITY MUST REPORT EACH KNOWN: (1) INJURY; OR (2) COMPLAINT OF AN INJURY; THAT RESULTS FROM THE USE OF A TANNING DEVICE IN THE TANNING FACILITY TO THE STATE BOARD.**

**FACILITY INFORMATION**

Name of facility	ID number
Address (number and street, city, state, ZIP code)	Telephone number
Name of operator on duty	

**INJURY INFORMATION**

Date of injury (month, day, year)	Name of person injured
Address (number and street, city, state, ZIP code)	
Type of injury	
Duration of tanning exposure	
Was medical attention needed? <input type="checkbox"/> Yes <input type="checkbox"/> No	Name of attending physician
Treatment (at tanning facility):	
Treatment (at medical facility):	
Comments:	

**NOTE: IC 16-1-47 SEC. 18 (B) REQUIRES THIS REPORT TO BE MAILED TO INDIANA PROFESSIONAL LICENSING AGENCY WITHIN SEVEN (7) DAYS AFTER THE INJURY. IN ADDITION, THE LAW REQUIRES THE OPERATOR TO TELEPHONE THE REPORT TO INDIANA PROFESSIONAL LICENSING WITHIN FORTY-EIGHT (48) HOURS AFTER THE INJURY OR COMPLAINT OF INJURY. COPIES OF THIS REPORT WILL BE MAILED TO INJURED / COMPLAINING PERSON AND TO THE FEDERAL FOOD AND DRUG ADMINISTRATION.**

Date (month, day, year)	Signature
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